## 2008 LIMITED LIABILITY COMPANY

## **ANNUAL REPORT DOCUMENT #L07000018449** 04-07-2008 90230 045 \*\*\*138.75 1. Entity Name ALBA PAINTING, LLC Principal Place of Business Mailing Address 2235 ROBIN DRIVE 2235 ROBIN DRIVE NAPLES, FL 34117 NAPLES, FL 34117 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 03292008 Chg-LLC CR2E083 (12/06) Applied For City & State City & State 4. FEI Number Not Applicable Zip Ζip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KOCANI, EDMOND Street Address (P.O. Box Number is Not Acceptable) 2235 ROBIN DRIVE NAPLES, FL 34117 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept SIGNATURE Signature, typed or printed nerile of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. MCRM ☐ Change ■ Addition TITLE Delete TITLE KOCANI, EDMOND NAME NAME 2235 ROBIN DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP NAPLES, FL 34117 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-7P ☐ Change Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

OR AUTHORIZED REPRESENTATIVE

**FILED** Apr 07, 2008 8:00 am Secretary of State

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